

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	PROCESS FOR PRODUCING ARSENIC TRIOXIDE FORMULATIONS AND METHODS FOR TREATING CANCER USING ARSENIC TRIOXIDE OR MELARSOPROL
Attorney Docket Number::	CELLTH 3.0-003 CONT CONT
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	0
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Raymond
Middle Name::	P.
Family Name::	Warrell
Name Suffix::	Jr.
City of Residence::	Westfield
State or Province of Residence::	NJ

Country of Residence:: US  
Street of mailing address:: 6 Kimball Circle  
City of mailing address:: Westfield  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07090

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Pier  
Middle Name:: Paolo  
Family Name:: Pandolfi  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 303 East 60th Street  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10022

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Janice  
Middle Name:: L.  
Family Name:: Gabrilove  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 25 East 86th Street  
City of mailing address:: New York  
State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10028

### **Correspondence Information**

Correspondence Customer Number:: 000530

### **Representative Information**

Representative Customer Number:: 000530

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/425,785	04/30/03
10/425,785	Continuation of	09/189,965	11/10/98
09/189,965	An application claiming the benefit under 35 USC 119(e)	60/064,655	11/10/97

### **Assignee Information**

Assignee name:: Memorial Sloan-Kettering Cancer Center

Street of mailing address:: 1275 York Avenue

City of mailing address:: New York

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10021